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Commentary

"Horses for Courses"

Comment on "Translating Evidence Into Healthcare Policy and Practice: Single Versus Multi-Faceted Implementation Strategies – Is There a Simple Answer to a Complex Question?"

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Abstract

This commentary considers the vexed question of whether or not we should be spending time and resources on using multifaceted interventions to undertake implementation of evidence in healthcare. A review of systematic reviews has suggested that simple interventions may be just as effective as those taking a multifaceted approach. Taking cognisance of the Promoting Action on Research Implementation in Health Services (PARIHS) framework this commentary takes account of the evidence, context and facilitation factors in undertaking implementation. It concludes that a 'horses for courses' approach is necessary meaning that the specific implementation approach should be selected to fit the implementation task in hand whether it be a single or multifaceted approach and reviewed on an individual basis.

Keywords: Implementation, Evidence, Context, Facilitation, Multifaceted Interventions

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The translation of evidence into policy and practice remains a complex and complicated challenge in healthcare and one which has firmly resisted the many attempts to overcome it. The challenge remains and uses significant amounts of energy and resource, both human and financial. Taking the view that addressing knowledge translation is a process that involves the content of evidence, the context into which the evidence will be implemented and the process by which the changes to practice or policy occur,[1] it becomes clearer where the complexities arise. As a result and as Harvey and Kitson note,[2] translation strategies are becoming more complex to try to address the number of factors involved. The overview of systematic reviews undertaken by Squires and colleagues,[3] that their editorial is based on, seeks to answer some of the questions that arise from interventions to change healthcare professionals' behaviour. Their conclusion – that there was no compelling evidence to support multifaceted interventions over single intervention strategies, suggests that we are using valuable resources to undertake complex interventions, when perhaps something more simple would suffice. Cost-effectiveness is clearly an essential issue to consider but there are challenges in collecting reliable cost effective data in implementation research. Until we have a better knowledge of the true costs of interventions, not just simply direct costs but societal costs, we will be no further forward in being able to decide between simple and multifaceted intervention strategies and this issue will continue to be a huge problem for policy-makers.

If we look in more detail at the overview by Squires et al[3] it is clear that whilst the authors have followed recommended methodology they fail to capture or report the content and context of the interventions in any detail and, therefore, they may have missed some of the important questions about interventions fidelity. These important details are rarely reported in overviews. The 'Template for Intervention Description and Replication (TIDieR) has recently been published with an aim to guide reviewers to improve the completeness of reporting, and ultimately the replicability of interventions.[4] However, until the quality of reporting of the description of interventions and the theories that they are based on are documented, we will be no further forward in understanding the issue of why interventions may be effective or not, what may work for whom and in what context. There are many that would argue for a 'rethink' of systematic review methodology[5] particularly in relation to more complex interventions, and that review methodology needs to improve before we can decide on whether simple or multifaceted interventions are more effective.

Harvey and Kitson[2] make a clear argument for building upon what we know already and there is a growing body of evidence that draw on theories and frameworks of behaviour change to assist implementation strategies. Making sense of implementation theories and models is complex and Nilsen[6] proposes a taxonomy that distinguishes between 5 categories of theories, models and frameworks used in implementation science; process, determinant (eg, Promoting Action on Research Implementation in Health Services [PARIHS]), classic theory, implementation theory and evaluation frameworks and points out the overlap between them. The problem that few authors address is the challenge of how to best inform those who are at the forefront of implementation and who often rely on 'common sense' to guide decision-

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making. For clinicians, many are mystified by theoretical models, a problem that has recently been addressed and an argument is made for the use of formal theory in practice over use of 'common sense' to guide implementation.[7] However, it is often the clinicians on the 'shop floor' who are primarily responsible for implementing change and whilst they may draw on their own informal theories and frameworks, in reality we are probably a long way off implementation of formal theory in practice.

The PARIHS framework,[8-10] aligns evidence with clinical priorities, patient need and clinical experience and the research underpinning the evidence (or from which it is derived) needs to be undisputed by clinicians. Where this is not the case Harvey and Kitson note that there is then a need to undertake closer scrutiny of the barriers and enablers to implementation, focusing on the evidence itself. This becomes a role for the facilitator. The facilitator role is explored fully by the authors and they recognise the need some sort of contextual assessment prior to undertaking any intervention. Facilitation itself is concerned with an enabling process.[11] The question then becomes – is facilitation a multifaceted intervention in itself?

Facilitators must be able to pay attention to the numerous contextual factors that support or inhibit implementation.[12] Therefore, as Carlile[13] suggests, different strategies are necessary to undertake implementation to cross different types of boundaries, then this again shows the need for flexibility from facilitators and facilitation/implementation strategies and indeed the need for a context assessment to be undertaken to determine the kind of boundary that needs to be overcome. The facilitator can then be a knowledge broker, promoting collaborative relationships between knowledge creators, users and organisations and also undertake knowledge sharing activities at different contextual levels.[14] Thus facilitation, in addition to the implementation strategies adopted, becomes a complex intervention in itself requiring as it does an ability to be flexible and to work with individuals, teams, and organisations in different ways.

It becomes clear that the answer to Harvey and Kitson's question is not going to be straightforward. Dealing with such issues of complexity, we cannot decide to abandon multifaceted interventions without being sure that something simpler would have the same impact. Reflecting on multifaceted implementation, such as strategies to reduce smoking, we clearly see that a single implementation strategy would not be effective because a far-reaching commitment to smoking control, which addresses both societal and individual factors, is clearly needed. At present, it does not seem that we can be confident in disregarding multifaceted interventions, despite the review by Squires et al.[3]

Therefore, it would appear that we need to take a 'horses for courses' approach meaning that we need to select the appropriate implementation strategy for the specific implementation task, taking into account context assessment outcomes and the proposed facilitation approach. Facilitators need to see themselves as taking an active role in implementation and as an ingredient of that change. It may be that at times a simple implementation strategy *is* perfectly adequate, but at others something more complex is required and a multifaceted approach becomes necessary. It may be that the scale of the change dictates the intervention required. However, until we can be more sure of this, we need to have toolkit of interventions from which to select the most appropriate for the task in hand, taking account of the evidence, the facilitation and the context. We are still a way off from responding to the complex question with a simple answer.

Ethical issues

Not applicable.

Competing interests

The authors declare that they have no competing interests.

Authors' contributions

JEW wrote the first version and this was revised by HF. JEW wrote the final version with contributions from HF.

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